			FCC Form
Mobility	Fund		Approved by OMB
Phase 1 - §54.1009 Annual Reporting			OMB 3060-1185
Data Col	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Nierman	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2024578815 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cnierman@gci.com	

<040>	Has the in	formation required pursuant to §54.1009 been provided with a Form 481 filing	ng (Y/N) <040>	\odot	0
	<041>	Attach a description of the documents filed with the Form 481 reporting	<041>	618322	2_Form481GCICommunicationsCorp.pdf
	<042>	Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	619014	4

<080>	Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)		7
			-	ノ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

50) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		618322	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Chris Nierman	
<035>	Contact Telephone Number - Number of person identified i		2024578815 ext.	
<039>	Contact Email Address - Email Address of person identified	n data line <030>	cnierman@gci.com	
porting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number 00	01568880		
<111>	Filing Carrier Name GC	Communication (Corp	
<112>		Communication (
<113>		50 Denali St, Sui		
<114>		chorage	1000	
		Shorage		
<115>	State AK			
<116>	<u> </u>	503		
<117>		24578815 ext.		
<118>		78689817		
<119>	Email Address	ierman@gci.com		
<120> <121> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Freel Address GCI And GCI A	is Nierman Communication C O Denali St Sui horage 03 4578815 ext. 8689817 erman@gci.com		
uthorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
	reiephone Number			
	Fau Number			
<137> <138>	Fax Number Email Address			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year 01/2017 - 12/2017	

618322_CPRd_AK.zip

Coverage and Performace attachments

ion per Newly Reached	Total Resident Population Reached by	Miles per Census	· ·		Certify that Coverage and Performance data is uploaded (Yes/no)
See attach	ned worksh	neet			
t	Population Newly Reached by Service See attach	Resident Total Resident Population Reached by Service Service Resident Total Resident Population Reached by Service Service	nt Population Population per Reached by Service Block See attached worksheet	Resident Population Population Newly Reached by Service Reached Population Po	Resident Total Resident Miles Census covered per Block per Newly Reached Block by Service Service Block Per Block Per Block Per Description Per Descri

•	100		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance FCC Form 690	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 05/18/2018 Signature of Authorized Officer: Lvnda Tarbath Printed name of Authorized Officer: VP CAO Title or position of Authorized Officer: 9078685638 ext. Telephone number of Authorized Officer: 618322 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	e reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the re	ports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age		
	Filing Due Date for this form:	

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		618322	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chris Nierman	
<035>	Contact Telephone Number - Number of person identif		2024578815 ext.	
<039>	Contact Email Address - Email Address of person identif	ried in data line <030>	cnierman@gci.com	
<142>	State	AK		
<143>	County	North Slope Borough		
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	618322_TLRa5_AK.pdf Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2018
<202>	Total Mobility Fund Support Awarded	4671108.00
<203>	Total Mobility Fund Support Disbursed	1557036.00
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618322_PSD_AK.pdf
\211>	Troject Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u></u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
	•	
<218>	Network will Support 3G/4G Mobile Service ?) 3G (4G

(101) Cer	ification - Reporting Carrier		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
			_
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.	

cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

<039>

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: Date 05/18/2018 CERTIFIED ONLINE Signature of Authorized Officer: Lynda Tarbath Printed name of Authorized Officer: VP CAO Title or position of Authorized Officer: 9078685638 ext. Telephone number of Authorized Officer: 07/02/2018 618322 Filing Due Date for this form: Study Area Code of Reporting Carrier:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

05/15/2018 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	o File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. I ities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and data provide	, , ,
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name	Name of Authorized Agent Firm:		
Signat	Signature of Authorized Agent or Employee of Agent: Date:		
Name	of Authorized Agent Employee:		
Title c	or position of Authorized Agent or Employee of Ag	ent	
Telep	hone number of Authorized Agent or Employee of	Agent:	
Study	Area Code of Reporting Carrier:	Filing Due Date for this form:	
	Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001030 Slope 0.0 Yes AK 19 19 3.36 0.0 Borough North 021850001001031 Slope 0.0 2 2 AK 0.11 0.0 Yes Borough North 021850001001035 Slope 0.0 18 18 Yes 18 ΑK 0.1 0.0 Borough North 021850001001051 0.0 Slope Borough 31 31 1.53 Yes AK 0.0 021850001001052 Slope 32 32 32 ΑK 0.0 0.18 Yes Borough North 021850001001053 Slope 0.0 29 29 AK 29 0.18 0.0 Yes Borough 021850001001054 Slope Borough AK 11 11 0.12 0.0 0.0 Yes 021850001001057 Slope AK 17 17 0.28 0.0 Yes 0.0 North 021850001001058 Slope 0.6 ΑK 58 58 0.0 0.0 Yes Borough 021850001001059 Slope ΑK 15 15 15 0.98 0.0 0.0 Yes Borough North 021850001001061 Slope Yes 41 41 0.43 0.0 AK 41 0.0 Borough North 021850001001063 Slope 48 Yes 48 48 0.0 AΚ 0.0 Borough North 021850001001064 Slope 0.18 Yes ΑK 49 49 0.0 0.0 Borough North 021850001001065 Slope Yes 0.18 0.0 58 58 5.8 AK 0.0 Borough North 021850001001066 Slope ΑK 118 118 118 0.21 0.0 0.0 Yes Borough North 021850001001067 Slope 136 0.21 0.0 Yes 136 136 ΑK 0.0 Borough North 021850001001068 Slope AK 24 24 24 0.22 0.0 Yes 0.0 Borough North 021850001001069 Slope 30 0.0 AK 30 30 0.18 0.0 Yes Borough North 021850001001070 Slope Yes AK 53 53 53 0.2 0.0 0.0 Borough North 021850001001071 Slope 55 0.0 Yes 55 55 ΑK 0.2 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service 0

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001072 Slope 0.0 Yes AK 101 101 101 2.69 0.0 Borough North 021850001001073 Slope 0.0 35 35 AK 35 0.21 0.0 Yes Borough North 021850001001074 Slope 0.0 28 28 Yes 2.8 ΑK 0.24 0.0 Borough North 021850001001075 0.0 Slope Borough 0.24 Yes AK 0.0 021850001001076 0.0 Slope 70 70 70 ΑK 0.0 0.21 Yes Borough North 021850001001077 Slope 0.0 53 53 AK 53 0.21 0.0 Yes Borough 021850001001078 Slope Borough AK 0.24 0.0 0.0 Yes 021850001001079 Slope AK 179 179 179 0.44 0.0 Yes 0.0 North 021850001001080 Slope 0.2 ΑK 56 56 0.0 0.0 Yes Borough 021850001001081 Slope ΑK 21 21 21 0.15 0.0 0.0 Yes Borough North 021850001001082 Slope Yes 65 65 0.2 0.0 AK 65 0.0 Borough North 021850001001083 Slope 74 Yes 74 74 0.0 AΚ 0.0 Borough North 021850001001084 Slope 0.2 Yes ΑK 48 48 48 0.0 0.0 Borough North 021850001001085 Slope Yes 0.2 0.0 55 55 55 AK 0.0 Borough North 021850001001086 Slope 64 ΑK 64 64 0.21 0.0 0.0 Yes Borough North 021850001001087 Slope 46 0.21 0.0 Yes AK 46 46 0.0 Borough North 021850001001088 Slope AK 69 69 2.44 0.0 Yes 0.0 Borough North 021850001001101 Slope 49 49 0.0 AK 49 0.25 0.0 Yes Borough North 021850001001102 Slope 0.21 Yes AK 53 53 53 0.0 0.0 Borough North 021850001001103 Slope 56 0.0 Yes 56 56 ΑK 0.2 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service 0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County North 021850001001104 Slope 0.0 Yes AK 50 50 0.27 0.0 Borough North 021850001001105 Slope 68 68 68 0.0 AK 0.22 0.0 Yes Borough North 021850001001106 Slope 0.0 94 94 Yes 94 ΑK 0.15 0.0 Borough North 021850001001107 0.0 Slope Borough 22 22 0.21 Yes AK 0.0 021850001001108 Slope 79 79 79 ΑK 0.0 0.21 Yes Borough North 021850001001110 Slope 0.0 39 39 AK 39 2.23 0.0 Yes Borough 021850001001115 Slope Borough AK 62 62 0.2 0.0 0.0 Yes 021850001001116 Slope AK 83 83 0.2 0.0 Yes 0.0 North 021850001001117 Slope 0.2 ΑK 48 48 0.0 0.0 Yes Borough 021850001001118 Slope ΑK 40 40 40 0.21 0.0 0.0 Yes Borough North 021850001001119 Slope Yes 61 61 0.21 0.0 AK 61 0.0 Borough North 021850001001120 Slope 35 Yes 35 35 0.0 AΚ 0.0 Borough North 021850001001121 Slope 0.2 Yes ΑK 75 75 0.0 0.0 Borough North 021850001001141 Slope Yes 0.17 0.0 62 62 AK 0.0 Borough North 021850001002002 Slope ΑK 57 57 57 0.42 0.0 0.0 Yes Borough North 021850001002004 Slope 31 4.78 0.0 Yes AK 31 31 0.0 Borough North 021850001002005 Slope AK 23 23 23 0.14 0.0 Yes 0.0 Borough North 021850001002006 Slope 25 25 0.0 AK 25 0.17 0.0 Yes Borough North 021850001002007 Slope 60 Yes AK 60 60 0.18 0.0 0.0 Borough North 021850001002008 Slope 49 49 0.0 Yes 49 ΑK 0.25 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service 0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	North Slope Borough	021850001002009	12	12	12	0.17	0.0	0.0	Yes
AK	North Slope Borough	021850001002010	23	23	23	0.13	0.0	0.0	Yes
AK	North Slope Borough	021850001002011	11	11	11	0.11	0.0	0.0	Yes
AK	North Slope Borough	021850001002015	52	52	52	5.69	0.0	0.0	Yes
AK	North Slope Borough	021850001002016	44	44	44	0.31	0.0	0.0	Yes
AK	North Slope Borough	021850001002017	53	53	53	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002018	89	89	89	0.3	0.0	0.0	Yes
AK	North Slope Borough	021850001002019	50	50	50	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002020	36	36	36	0.23	0.0	0.0	Yes
AK	North Slope Borough	021850001002021	15	15	15	0.32	0.0	0.0	Yes
AK	North Slope Borough	021850001002022	59	59	59	0.19	0.0	0.0	Yes
AK	North Slope Borough	021850001002023	96	96	96	0.24	0.0	0.0	Yes
AK	North Slope Borough	021850001002025	45	45	45	0.39	0.0	0.0	Yes
AK	North Slope Borough	021850001002026	131	131	131	0.61	0.0	0.0	Yes
AK	North Slope Borough	021850001002027	53	53	53	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001002030	81	81	81	0.26	0.0	0.0	Yes
AK	North Slope Borough	021850001002031	49	49	49	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001002034	93	93	93	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002035	45	45	45	0.28	0.0	0.0	Yes
AK	North Slope Borough	021850001002036	29	29	29	0.16	0.0	0.0	Yes

Percentage of **Total Population** Reached by Service

100		

Percentage of Total Road Miles covered by Service

ľ	(060)	Coverage and	Performance Report	
L		Coverage and	r ci i oi illance neport	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2017 - 12/2017

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Population per Census Resident Population **Road Miles** covered per data is uploaded Population per Newly Reached Reached by per Census Block Newly Census Block (yes/no) Census Block Census Block by Service Service Block Reached State County North Slope 021850001002037 AK 80 80 0.0 Yes 0.33 0.0 Borough North Slope Borough 021850001002038 24 0.0 24 AK 24 0.0 Yes 0.15

> Percentage of Total Population Reached by Service

100		

Percentage of Total Road Miles covered by Service

0			